

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030063

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 999

STATE FILE NUMBER

FILED SEP 10 1962

1. PLACE OF DEATH

a. COUNTY **Buchanan**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Joseph,**

Length of stay in 1b
since 1959

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **1804 Faraba
Goforth Nursing Home**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Kansas**

b. COUNTY

c. CITY OR TOWN **Chapman**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

MAY

COLLIER

4. DATE OF DEATH

Month

Day

Year

September 1

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Mar. 3, 1878

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

Days

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Dickinson County, Kansas U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Bradford Warnock

13b. MOTHER'S MAIDEN NAME

Nancy Wells

14. NAME OF HUSBAND OR WIFE

Finley Collier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT **Daughter**

Address

Mrs. Faye N. Carpenter-St. Joseph, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Multiple Small Strokes -
Arteriosclerosis Gen.**

INTERVAL BETWEEN ONSET AND DEATH

**months
Yrs**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Senility

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4-27-59

to **9-1-62**

and last saw her alive on **8-30-62**

Death occurred at **6:00 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

St. Joseph, Mo

22c. DATE SIGNED

9-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Sept. 4, 1962

23c. NAME OF CEMETERY OR CREMATORY

Indian Hill Cemetery

23d. LOCATION (City, town, or county)

Chapman, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Sept 6, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF R.W. Kiebert, M.D.

VS 300

ev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Albert B. Harrington

Licensed Embalmer No.

3255

P. O. Address

1st - Joseph, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.